

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020063

FILED
Jul 01, 2004
Secretary of State

Entity Name: SENIOR CARE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

3385 CHATSWORTH LN.
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

SENIOR CARE OF CENTRAL FLORIDA
3385 CHATSWORTH LN.
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 80-0024861 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FULLER, KIMBERLY
3385 CHATSWORTH LN.
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: FULLER, KIMBERLY
Address: 3385 CHATSWORTH LN.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FULLER, KIMBERLY
Address: 3385 CHATSWORTH LN.
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIMBERLY FULLER

MGR

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date